

# Compensation of Hospital Employees

| Calendar Year: 2013   |                                      |                           |  |   |  |  |                                 |           |
|---|--------------------------------------|---------------------------|--|---|--|--|---------------------------------|-----------|
| Entity Name: Cascade Medical Center   |                                      |                           |  |   |  |  |                                 |           |
| (A) Employee Name<br>(who does not have<br>direct patient care<br>responsibilities) | Indicate if<br>Lead<br>Administrator | Hospital if<br>applicable | (B) Breakdown of W-2 and/or 1099 MISC Compensation |   |  | (C) Retirement<br>and Deferred<br>Compensation | (D) Non-<br>Taxable<br>Benefits | (E) Total |
|   |                                      |                           | (i) Base<br>Compensation                           | (ii) Bonus &<br>Incentive<br>Compensation | (iii) Other Reportable<br>Compensation |  |                                 |           |
| 1 Diane Blake   | Yes (CEO)                            |                           | 146,080  |   |  | 6,150  | 18,454                          | 170,684   |
| 2 Julie Meredith  | No                                   |                           | 101,421  |   |  | 2,166  | 13,597                          | 117,183   |
| 3 Erin Pulse  | No                                   |                           | 70,762   |   |  | 2,123  | 7,121                           | 80,006    |
| 4 Gregory Horton  | No                                   |                           | 69,472   |   |  | 2,084  | 7,121                           | 78,677    |
| 5 Adrienne Wiegenstein  | No                                   |                           | 71,741   |   |  | 0  | 6,528                           | 78,268    |
| 6   |                                      |                           |  |   |  |  |                                 | 0         |
| 7   |                                      |                           |  |   |  |  |                                 | 0         |
| 8   |                                      |                           |  |   |  |  |                                 | 0         |
| 9   |                                      |                           |  |   |  |  |                                 | 0         |
| 10  |                                      |                           |  |   |  |  |                                 | 0         |
| 11  |                                      |                           |  |   |  |  |                                 | 0         |
| 12  |                                      |                           |  |   |  |  |                                 | 0         |
| 13  |                                      |                           |  |   |  |  |                                 | 0         |
| 14  |                                      |                           |  |   |  |  |                                 | 0         |
| 15  |                                      |                           |  |   |  |  |                                 | 0         |

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)